

## **TUITION LOAN AGREEMENT AND PROMISSORY NOTE**

2319-1 R1

	North 9 <sup>th</sup> Street, Milwaukee, Wisconsin 53233, the total sum of \$, which has been loaned to me rest free by said fund.
1.	As a condition of receiving the sum of \$ from the Tuition Loan Fund, I agree to repay the interest free loan in equal amounts of \$ by payroll deduction over ten (10) paychecks commencing and ending with pay check
2.	I understand that I have the right to prepay the outstanding loan balance in a lump sum at any time.
	I further understand and agree that in the event of my termination of employment with Milwaukee County, that any loan balance at the time of my termination shall be deducted from my final paycheck. If my final paycheck is insufficient to pay the loan balance, I agree to pay the remaining loan balance within sixty (60) days from my last of work.
4.	If, as a County employee, I do not pay back the loan balance as indicated in paragraph 1 above, I agree to make direct payments according to the same schedule. I also understand that should I fail to make loan payments as agreed above, Milwaukee County may take appropriate legal action to obtain the money I owe the Tuition Loan Fund.
5.	I understand that I may be liable for reasonable attorney's fees and other costs associated with the collection of money I owe the Tuition Loan Fund.
6.	I agree to use the loan money for the purpose of paying my tuition at the school and for the courses indicated on the approved Tuition Loan application. If I fail to comply with this condition, the outstanding balance of the loan will be due and payable immediately.
7.	If, for any reason whatsoever, I do not make loan payments according to the schedule in paragraph 1 above, I will contact Milwaukee County Division of Human Resources, Workforce Development Division to make payments directly on the normally scheduled payroll deduction date(s). In the event I do not make such payments, Milwaukee County has the option to call the entire outstanding loan balance due and payable immediately.
8.	I will inform the lender within ten (10) calendar days of any changes(s) in my:
	<ul> <li>A. status as an employee as a Milwaukee County,</li> <li>B. home address,</li> <li>C. home phone number,</li> <li>D. status as a student at the school(s) indicated on the approved Tuition Loan Fund application, or</li> <li>E. course(s) of study indicated on the approved Tuition Loan fund application</li> </ul>
9.	As an employee of Milwaukee County and participant in the Tuition Loan Program, I hereby authorize Milwaukee County to verify my student status, whether I am active or inactive and consent to the release of information from I understand that if my status is inactive, and I did not report this information, my remaining balance will be due immediately and I may be disqualified from future participation in this program.
	(over)

MILWAUKEE COUNTY TUITION LOAN FUND	SEMESTER/YEAR	ACCOUNT NUMBER 010000-0109	DEPARTMENT NUMBER	BI-WEEKLY DEDUCTION

## AUTHORIZATION OF PAYROLL DEDUCTION TO MILWAUKEE COUNTY TUITION LOAN FUND

I hereby authorize Milwaukee County to deduct from my bi-weekly earnings, the sum as indicated above, and pay the same to the Milwaukee County Tuition Loan Fund.

I hereby waive all right and claim for said monies so deducted and paid in accordance with this authorization, and relieve Milwaukee County and all its officers from any liability therefore.

The authorization hereby given shall be revocable by me and only upon written notice to Milwaukee County through the Division of Human Resources, or upon termination of my employment.

In the event of my termination of employment with Milwaukee County, I agree that any loan balance at the time of my termination shall be deducted from my final paycheck.

I hereby authorize Milwaukee County to obtain information regarding my student status and consent to the release of information from the institution listed on page 1.

Employee's Signature	Date	
Name	Social Security Number	
Address	Home Phone Number	·····
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